

Article - Health - General

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§19-716.

Annually, each health maintenance organization shall provide to its members and make available to the general public, in clear, readable, and concise form:

(1) A summary of the most recent financial report that the health maintenance organization submits to the Commissioner under § 19-717 of this subtitle;

(2) A description of the benefit packages available and the nongroup rates required by the Commissioner;

(3) A description of the accessibility and availability of services, including where and how to obtain them;

(4) A statement of the potential responsibility of a member for payment for services the member seeks to obtain from a provider, including a physician or hospital, that does not have a written contract with the health maintenance organization;

(5) A description of procedures to be followed for emergency services, including:

(i) The appropriate use of hospital emergency facilities;

(ii) The appropriate use, location, and hours of operation of any urgent care facilities operated by the health maintenance organization; and

(iii) The potential responsibility of subscribers and enrollees for payment for emergency services or nonemergency services rendered in a hospital emergency facility;

(6) A statement that shows, by category, the percentage of members assisted by public funds;

(7) The information required to be disclosed by § 15-1206 of the Insurance Article; and

(8) Any other information that the Commissioner or the Department requires by rule or regulation.

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